



City of Reno Crime-Free Multi-Housing Training Application

Training Date: _____

Name: _____
First Last

Job Title: _____ # of UNITS _____

Apartment/Community Name: _____

Address: _____
Number Street

City State Zip Code

Phone: _____
Work Home Cell Fax

Email Address: _____

Employer/Management Company: _____

Mail, Fax, or Email COMPLETED Form to:

Reno Police Department
Attn: Crime-Free Multi-Housing Coordinator/CAO Office
P.O. Box 1900
Reno, NV 89505
If emailing, please send form as an attachment to lopezj@reno.gov
Fax: 775-334-2157

****You will receive your registration confirmation via email.
Please print and bring to class with you****